THE

NEW JERSEY MEDICAL REPORTER.

VOL. VIII. MAY, 1855. NO. 5.

ART. I.—*Remarks on the American Medical Association.*

By ONE OF ITS MEMBERS.

To judge correctly of the success or failure of any given enterprise, requires that we know the real objects to be attained, and the methods proposed for their accomplishment. It requires but a very cursory examination of the subject, to show that the great leading object, the fundamental idea, which impelled the formation of our great national organization, was the improvement of our system of *Medical Education*, and consequently, the elevation of the whole profession. Hence the special committee appointed in 1849, on the subject of lengthening the college terms, in speaking of our professional education, very justly remarks: "That it (the Association) stands in some measure pledged to accomplish a reform in the *Medical Education* of the country. Should it pass by, or fail to render effective this leading idea of the profession, it will have neglected a *chief object of its institution*, and will disappoint the just expectations of its founders."

With the mind fixed on this leading object, and impatient for its accomplishment, not a few have already declared the Association a failure. Thus, Dr. D. M. Reese, editor of the *American Medical Gazette*, in his April number, holds the following language: "The near approach of the Annual Convention of the American Medical Association, to be held in Philadelphia in May next, is heralded by the journals of the country, in numerous articles, editorial and otherwise, in relation to the great reforms

in medical education, which was '*the original* and *grand finality*' contemplated in the foundation of the Association.

"The conviction appears to be general among writers, that notwithstanding the numerous reforms attempted, recommended, and resolved on, by repeated '*whereases*,' and reiterated at every successive meeting by high sounding resolutions, and published in each volume of the *Transactions*, yet in *effectuating any one of these, after seven years' trial, the efforts of the Association in this regard have resulted in signal and utter failure.*"

Dr. Bennett Dowler, of New Orleans, gives utterance, in the *New Orleans Medical and Surgical Journal*, to sentiments of similar import. After carefully tracing the history of the Association, I am constrained to regard these announcements of *failure* as premature, and indicative of but a partial comprehension of the work assigned to the Association, and of the means at its command for accomplishing it. Had the Association, at the beginning, been clothed with legislative authority and powers sufficient to enforce its enactments, so protracted a delay in accomplishing its avowed purposes, would have furnished reasonable ground for declaring its institution a failure. But it must be borne in mind that our country is made up of more than thirty separate States; that the Association was, and is, not only destitute of legislative powers itself, but also without access to any one legislative body possessing authority to regulate the education and interests of the profession of the whole country. Hence, to accomplish the great and interesting work assigned to it, there was a necessity—

First: That the Association should unite the great body of its own members on some definite and feasible plan, for accomplishing its avowed work.

Second: That the means, instruments or agencies should be provided for carrying the plan into effect.

It was a very great error to suppose the first step here indicated had been accomplished, when the Association had almost unanimously resolved that a certain *standard of preliminary education* should be adopted; that the *lecture terms in the colleges should be lengthened;* and that a *higher standard* of qualifications should be exacted of candidates for the degree of Doctor of Medicine. These were simply general declarations, important, it is true, and

necessary as indicating clearly the objects to be accomplished. But what was the plan devised for their accomplishment? How was the standard of preliminary education to be enforced? Who was to examine the student, and furnish him with the certificate of having attained to that standard? In lengthening the lecture terms of the colleges, was it for the purpose of simply subjecting the classes to a more protracted endurance of six lectures per day, given promiscuously to new beginners and advanced students, without any reference to the natural and necessary order of the several branches? or was it designed to divide the annual terms into subdivisions, giving fewer lectures per day, and allowing the branches to be so grouped that the classes could attend the more elementary, before being forced to hear the practical?

And who was to judge of the "higher standard" of qualifications for the degree? Were there to be independent boards of examiners? and if so, by whom were they to be appointed?

All these questions are necessarily involved in our first proposition. To furnish answers which will meet the cordial and active sanction of an Association whose annual meetings are constituted of from 250 to 500 members, drawn from sections of country from two to three thousand miles apart, is a work requiring both time and patience.

Various attempts have been made to furnish these answers in a satisfactory form. The most systematic of these is contained in the concluding chapter of a little volume, entitled the *History of Medical Education*, and published by Dr. N. S. Davis, in 1851. To insure proper attention to the subject of preliminary education, he proposed that each State, county, and town medical society or association should appoint a board of censors, to examine such young men as should propose to commence the study of medicine in their respective districts, and to give certificates to such as were found to possess the necessary preliminary qualifications; and that no physician should be considered as maintaining a good standing in the profession, who should receive a student into his office without such examination and certificate. A plan essentially the same was adopted by the Erie County Medical Society, subsequently sanctioned by the New York State Society, and recommended to the American Medical Association by the Committee on Medical Education, of which Dr. F. Camp-

bell Stewart, of N. Y., was chairman in 1849. He proposed to lengthen the annual college term to nine or ten months, instead of six, and to divide it into three parts, with four courses of lectures assigned to each part, and so grouped together that students in the first year could attend *one part* of the term, in the second another *part*, and in the third year another, thereby completing the series.

By this arrangement the student would be required to attend lectures and college instruction no longer in any one year than at present, but he would be compelled to pursue the study of the several branches in their natural consecutive order, with the mind concentrated on a smaller number at any one time, and with ample time to pursue dissections, microscopic examinations, and clinical instruction. To secure the enforcement of a higher standard of professional qualifications, he proposed that all final examinations for actual admission into the ranks of the profession, should be conducted exclusively by independent boards of examiners in each State, appointed chiefly by the State medical societies. Whoever has supposed that such a vast variety of mind as is annually assembled in the National Association, could be at once made to harmonize on all these details, certainly possessed but little knowledge of human nature. Still, in regard to this, much progress has been made. The leading principles have been agreed upon, and universally acknowledged. The proper seed has been sown, and it is evident from the annual address of Dr. Wellford, to the meeting in New York, the report of Dr. Cabell to the meeting in St. Louis, and still more from the recent comments in the medical periodicals of the country, that it has taken root, and is already springing up and progressing to maturity.

If the necessary *plans* were fully matured, however, and sanctioned in all their details, it would still be necessary to take the *second step indicated*, viz: to provide the means or agencies by which they could be executed. In the absence of all legislative aid, it is evident that the only instrumentalities on which reliance can be placed, are first, the moral and intellectual power or influence of the National Association; second, the various State and local societies; and third, the medical colleges. As instrumentalities for the accomplishment of the great end in view, the State

and local societies stand pre-eminent. They constitute the basis of all our operations, and the only source from which can emanate those *censors* who are to secure the proper standards of both preliminary and professional education. Hence it is easy to perceive why the Association did not accomplish its avowed mission at once, or in the early part of its career. The very means or instrumentalities necessary for its accomplishment, were not in existence.

Time was required, not only for the Association to mature its plans, but also to effect the formation of those State and local organizations on which their execution must depend. And have its efforts in this direction proved a "signal and utter failure?" Let the facts answer. Previous to the organization of the National Association, State medical societies had been formed in about one-half of the States composing the Union. But a very large proportion of these had ceased to maintain an active existence. In examining the records, I find that only *seven* State medical societies, and eleven local ones, were represented in the first National Convention held in New York in 1846. At Philadelphia the succeeding year, the number of State societies represented was only sixteen, which embraced all those represented the previous year, and all that were then known to possess an active existence in the United States. The records of the last two annual meetings of the Association, one in New York and the other in St. Louis, show a representation from *twenty-six* State societies or associations, from the Society of Minnesota Territory, and the Cherokee Nation Society, and from more than 100 county, district, and town societies. Whoever will take the trouble to examine the condition of the profession at this moment, in relation to its social organizations, its literature, its spirit of investigation, and the condition of its schools, in comparison with its condition in all these respects at the period when the National Association was formed, will find neither evidences of failure nor discouragement.

On the contrary, he will see that it has been steadily diffusing its own spirit and principles of action into the whole profession; that it has not only promulgated its sentiments in repeated "*Whereases*" and "*wordy resolves*," but, like every other great movement based on truth and justice, and affecting large numbers,

widely extended and diverse interests, and dependent on no *legislative* or coercive aid, it has steadily advanced in the maturing of its plans, the extension of its basis of operations, and the creation of the means and instrumentalities required for the practical development of its objects. The whole history of the human race shows that all great and true reforms, whether social, moral, or political, proceed slowly. The mushroom may spring up in the night, but it withers in the morning. Revolutions may take place in a day, but like the whirlwind, they will leave only desolation in their paths. It is no less true of the mental than of the organic physical world, that before good fruit can be obtained, there must be a seed-time, a period of growth, of maturity, and of harvest. In the great work assigned to the American Medical Association, the seed-time is already past, the period of growth is far advanced, and it only requires that its members act the part of wise and faithful husbandmen, by diligently feeding its roots through the organization and perfection of State and local societies, and by training its branches in the right direction, through the development of detailed and practicable plans for carrying into operation the principles it has avowed, and its harvest of fruit will be speedy, perfect, and abundant. In the foregoing remarks, I have alluded only to the success of the Association in the accomplishment of its great fundamental object, viz: the improvement of the whole system of medical education in our country. In every other respect, it is conceded by all parties, that its success has been great, even beyond the expectations of its most sanguine friends. In this respect, Dr. B. Dowler speaks truly as well as eloquently of the Association, in the following paragraph from the *New Orleans Medical and Surgical Journal* for January, 1855. He says: "As a social and professional *reunion* of kindred spirits and great minds, its memories afford perennial delight. It has given impetus to the progress of medical polity and science; it exercises moral suasion, rather than that of authority; it has brought together a bright constellation of intellect, cemented the bonds of friendship among good men and true, and should it fail to effectuate its original and grand finality—that is, a thorough reform in medical education—it will leave a luminous track of light in the moral firmament of the Æsculapian heavens, throughout the expansions of the Republic."

ART. II.—*Stimulant Tonics.* By J. HENRY CLARK, M. D.

A VERY large number of persons at irregular intervals fall into a condition of "malaise," which they express by the phrase "getting bilious," or "I am very bilious." It is characterized by pain about the forehead and eyes, a pressure on the top of the head, pain in the nape of the neck, pain in the joints, sallowness, and loss of appetite; and is usually relieved by the use of blue pill. I have felt constrained to change my views somewhat upon this subject; I am myself one of those who have regarded it necessary to take blue pill occasionally, to relieve the condition just described; I have always observed that more or less time was required to recover the stomach from the effects of this alterative. Persuaded by a medical friend, I determined to try the effect of a stimulant tonic. On several occasions, I found relief as prompt as that afforded by blue pill, without the after ill effects. Having been a pledged member of the Total Abstinence Society for twenty-five years of the forty which I have lived, and an open, avowed friend of the cause for the last quarter of a century, I hesitated much before forming any conclusions, lest I should exert an influence for evil. I have long believed that the medical profession owe to the public long arrears of indebtedness on account of the spirituous prescriptions of a former age. Our medical ancestors employed spirits as a vehicle for the administration of tonic remedies, without regard to the habits or idiosyncrasies of the patient, and probably contributed thereby in no small degree, to promote intemperance; however, alkaloids were not then discovered, and it was necessary to give tonics in a bulky form.

Much, as physicians, we may desire to promote temperance, we cannot any more than in ages past dispense with the stimulant principle—that pure stimulant which in Old Testament days was associated with "milk," and "corn," and "oil," which in every age has been regarded as filling a very important place; that principle which was required to relieve the suffering Timothy under his often infirmities, and in his paroxysms of dyspepsia, is required now to relieve certain conditions of feebleness. The convalescent, the valetudinarian, men

in the decline of life, and women during the nursing period; and both sexes in periods of exhaustion because of over exertion of body or mind or of both, need at times not only a tonic, but a tonic stimulant. I have labored with my voice and pen during a quarter of a century, to promote the cause of temperance, and have sometimes hoped that by legislative and other means, everything that intoxicates might eventually be driven from use either for social or medical purposes. My medical experience has persuaded me to adopt views more conservative. It is scarcely to be expected that the virtue of temperance is to be isolated from those to which it is enjoined that it be added, and the world become, by legislative aid, educated to such a degree, that hereafter good men have nothing to do to promote it. Unless our race is made over anew, continual exertions will be required, as ever, to direct mankind aright and keep them in habits of temperance. I once hoped that it would be possible to accomplish all that was necessary in this direction, by means of quinine and other concentrated tonic remedies; but I am now persuaded, that the stimulant principle is, in many cases, also necessary.

In our vicinity, where miasmatic diseases prevail during those periods when the causes are most operative, tonics seem to serve the purposes of a prophylactic. Immunity often is enjoyed while the system is up to par; sinking below a certain point, those symptoms described by the public as "bilious," manifest themselves, or the patient becomes the subject of intermittent disease. My experience leads me to believe, that persons of a nervous habit, thin and spare, inclined to derangement of the digestive organs at certain seasons of the year, or under certain conditions in our climate, are benefited by the prudent use of some mild stimulant tonic. I have for the past two years prescribed with this view, and it seems to me with very evident advantage to my patients. In our climate I have regarded "colds" as rather a consequence than a cause of disease. When the system is replete, and the organs are in a healthy tone, very great exposure is borne with impunity; when the system is disordered, when under par, a succession of colds are often the consequence. I have been induced, by this view of the subject, for a considerable time when called to prescribe for those cases

of frequently recurring colds, to inquire into the condition of the system, and of sometimes employing tonics. Unless a change is accomplished, some form of miasmatic or congestive disease often follows; the perfectly healthy seldom take cold even though considerably exposed. These suggestions (indeed my whole article I regard as rather suggestive than the expression of settled opinions), I hope, will induce older observers and abler writers to either disprove or elucidate further facts and principles in this direction. I am as ever in favor of legal restriction, whether called prohibitory or regulatory, it matters not. No one in the State has done more to bring about a public sentiment that would sustain such enactments if passed. Much has been done to improve the moral condition of our people, and to restrain men from vicious indulgence; God forbid that I should in the slightest degree impede the good work. Let laws be made as stringent as public sentiment will sustain; if more so, they will not do good, but harm. This doctrine I have always maintained; but as an honest man, whose special business it is to give my patients the benefit of every remedy that shall tend to relieve them from those maladies which induce them to seek my advice or assistance, I cannot refuse to employ anything that cures. The position of the physician is a responsible one; while, on the one hand, he must use every means to cure his patient, on the other, he should do nothing to weaken the hands of those philanthropists, who so ardently desire to banish intoxicating drinks from general use. If, however, he honestly believes that in any particular instance, a stimulant tonic is requisite, or in that instance is the best remedy, he is obligated to order it.

I have in my possession the loose papers of a medical ancestor, an eminent man of the last generation. In looking them over occasionally, I observe that he is constantly in dread of inflammation, which induces him continually to tap the veins to prevent mischief. Either this age has learned much, or has receded, or else the constitutions of our people have changed; for it seems to me, we oftener have reason to fear an atonic rather than a tonic condition; that more need stimulating than depleting; that good hearty food and enough of it, is the best treatment for the healthy who would keep so, and tonics and stimulants are valuable for the feeble, to bring those up to par, who have

sunk below it. If the proposition can be sustained, that our pharmacopœia requires stimulants, it is surely important that we have something of a healthful and reliable character. If it is true, as it seems to me, that cases of incipent phthisis requires not only nourishment such as is procured from fats and oils; but also that the blood be driven through the lungs at a more rapid rate, in order to accomplish more perfect oxygenation, we require some agent of a stimulant character, that is reliable for the accomplishment of this purpose. Under these circumstances, I have thought that brandy and gin served a useful purpose. The cures attributed to the use of those quart bottles of "sarsaparilla," so called, which probably contain nothing that they profess to, owe their efficacy, perhaps, to the stimulant principle which they contain, which chances to be applicable to the case. If everything that can intoxicate could be swept away from the earth it might possibly be better for its inhabitants. In view of the numberless quacks in and out of the profession, of the domestic misapplication of remedies, and the numberless patent medicines and remedies of nostrum-mongers, the world would be as well without any remedial agents if all these evils could be thereby eradicated. They are swords with double cutting edges, and are not to be trifled with by the inexperienced. Though medicines often do injury, when skilfully applied, they bless the world. So stimulants fill an important place in their relation to man, notwithstanding that their misapplication produces such ruinous results, so distressing to the Christian and the philanthropist. *It is undoubtedly true that no person in health can use anything that intoxicates, or even stimulates, without endangering that physiological equipoise, the preserving of which is necessary to a high degree of healthfulness.* But there are many pathological conditions which require some tonic stimulant, and it is important, if possible, to secure an article for this purpose which is reliable.

There is an abundance of villanous, unreliable, drugged, adulterated compounds, which are deadly counterfeits; constantly sold under the names of the various kinds of wine which they are intended to imitate. The manufacture of these articles has grown into a trade, and the adulteration commences at the very place where they originate. In view of the adulteration of Port wine in the very vats, a writer familiar with this subject says: "If you would

get pure Port, you must go to Oporto, make it yourself, and ride home on the cask." It is notorious that there is more Champagne annually drank in Paris than the whole champagne country produces; the greater part used must be adulterated. Brandy is very expensive, is most readily adulterated, and its habitual use congests the liver. Gin has fewer objections, but it is fiery and exciting. Rhine wine and London Porter are frequently imported pure, but are very expensive. Scotch Ale and Porter at twenty shillings a dozen, is no more available to a large number of patients who require an article of this kind, than would be a prescription of gold pills. With regard to our malt liquors, they are often prepared with the view of making them at as low a price per barrel as possible, and are frequently unfit for medical prescriptions. In many cases, they are found heavy, and produce headache; besides, we really require something more reliable. Native wine we have not, and it is not obtainable except at a large price. In those years when there had been a plentiful supply of Harrison and Canfield apples this county has furnished cider unequalled in the world, for purity and excellence. This article fulfils the indication and supplies the required want in a large number of cases; but for several years we have had no cider that was fit to prescribe.

There has sprung up in our vicinity, a new kind of manufacture, which has seemed to supply to a good degree this want. It is the wine of malt and hops, and is much esteemed on the continent where the soil is not favorable to the production of grape. Many physicians in this part of the State have been in the habit of prescribing this article.

Just as I reached this point in the preparation of this article, I received the March number of the REPORTER. In the miscellany you expressed regret that "a number of the physicians of Newark 'signed' a petition in favor of the exemption of lager beer from the operation of a prohibitory law." You furthermore remark that the "physician surely sees enough misery, degradation, and sickness in individuals and families, brought on by even the mildest of these tonic, alcoholic beverages, without lending the influence of his name in support of the traffic." Many of the twenty medical gentlemen who signed this petition are among our best physicians, and among our most excellent men. I doubt

not they honestly believe it to be a very valuable tonic, and in this my experience coincides with theirs. Several other physicians as well as myself, who did not sign it, bear the same testimony to its excellence as a safe and mild tonic. With regard to its use as a "beverage," I suppose that they referred to our German population, which numbers about sixteen thousand. They have been accustomed to its use from infancy, and are among the most healthy and orderly of our citizens.

The Prohibitory Law that was before our last legislature, in effect forbids the manufacture of this article. It can only be preserved during the summer in deep cellars, twenty-five feet under ground, every avenue to which is carefully closed. It is sent out in small casks lined with rosin, so as to be as impervious as a glass bottle. It is very weak in alcohol; the winter article containing two and one half per cent., and the summer four and one half, or about half as much as many of the light wines of the continent. Other malt liquors and cider contain, frequently, ten per cent., while Port and Madeira contain twenty-five per cent. The fact that it contains so little alcohol, that it must be kept in deep cellars, that packages when opened must be immediately used, prevents the possibility of its being obtainable under the proposed law, while fiery, adulterated, poisonous articles may be clandestinely conveyed or kept for any time. A small bottle which the pocket could contain, would be sufficient to intoxicate a whole family. These I presume to be some of the reasons which have influenced my medical brethren, and in justice to them, they ought to be known in those sections of the State where this article is not found. The position of the regular practitioner is eclectic in the highest degree. We may use whatever cures. If this article is found excellent, and relieves certain conditions, I suppose the scientific practitioner is obligated to employ it until something better shall be brought to his notice. "Lager Bier" is so called from its being laid away in cellars, the fermentation being arrested after having progressed for a short time. It is wine of malt and hops, and furnishes us about the only safe, reliable, mild stimulant tonic that we can command.

A portion of two years spent in Europe, was passed in those countries where this article was regarded as belonging to the list of necessaries. I did not see evidence of the evil effects of its use;

nor in the wine drinking countries did I see any such intemperance as among the spirit-loving inhabitants of Great Britain. In all the German hospitals it is given freely, and is highly prized by the physicians and surgeons in attendance. I see as a matter of history, that a law of Bavaria, headed "an act for the suppression of intemperance," offers a bounty to secure the manufacture of a good article of lager beer. I have said thus much about it, because my medical brethren in West Jersey, I suppose, have less experience in the use of it than we have in this section of the State. I speak of it merely *as a remedy.* I allude to the good order which prevails to a considerable extent among the drinkers of it here and in Germany, only to show that it is not adulterated with stronger alcoholic preparation. I have prescribed it considerably during the last two years. My present experience induces me to recommend it in most cases where a stimulant tonic is required. I have found it particularly useful in dyspeptic and hysteric cases during convalescence from disease, and for nursing mothers. It seems to be well adapted for conditions of feebleness when ordinary tonics would not be borne. Its advantages have seemed to me to be: 1st. That it tones gently without producing excitement. 2d. That it does not produce headache. 3d. That it does not overstimulate, when taken in moderate quantities. 4th. That it does not produce acidity in the stomach. 5th. That it acts upon the kidneys, produces an increased secretion of urine, and seems to relieve that congestion of the organ which exists in most atonic conditions with considerable functional derangement. In many of these respects it differs remarkably from all other malt liquors; besides, its manufacture requires cleanliness and purity.

Now that sumptuary laws have become popular, the profession will be called upon for their opinion. The subject, therefore, is very important. Tippling and tippling shops should be in every way discouraged, and careful discrimination should be exercised with regard to the legitimate use of stimulating articles.

NEWARK, N. J., *March*, 1855.

ART. IV. *An Inquiry into the Contagiousness of Cholera.* Read before the District Medical Society for the County of Burlington, N. J., by I. P COLEMAN, M. D.

THE history of cholera is now a tale a hundred times told, and its treatment a tune to which every chord of the harp has been touched. Yet we must continue to think and talk, to maintain that which has already been acquired, whether our knowledge be thereby increased or not. The question proposed for this occasion is certainly very broad, and would seem, from its great latitude, readily to admit of an affirmative answer: "Are there any circumstances under which cholera may be contagious?"

Perhaps in the most extended sense it cannot be successfully denied of any epidemic disease. Even pulmonary tuberculosis may be developed by close attention to the persons of those diseased and neglect of the necessary hygienic requirements. But when we narrow the question down to the legitimate idea of contagion, as expressed by smallpox or lues-venerea, the conclusion certainly becomes much less positive. One of the characteristics of the unquestionably contagious diseases, is a well-recognized and tolerably definite period of incubation, which if having an existence in cholera, is subject to a law at present absolutely unknown. The occasionally abrupt invasions of this malady, in the persons of those exposed to contact or proximity to the diseased, are wholly at war with our preconceived ideas of the necessity of a latent period for the contagious virus, to effect its chemico-vital modifications in the human system.

Nevertheless, our ignorance of the law does not preclude the possibility of its existence, and it becomes us to inquire diligently into the fact whether it be so or not. The question naturally suggests an examination of the circumstances under which contagious diseases are propagated, and an attempt to trace the analogy, if any exist, between such maladies and Asiatic cholera.

In organic as in inorganic matter, mutual affinities are necessary for action, or a change in the molecular condition of atoms. No mere contact of dissimilar substances can effect the chemical transpositions of atoms so constantly observed, but by the force of a stronger affinity, existing between some of the atoms composing

the different bodies, than that which exists between those of the individual body. We state the proposition, that contagious virus only operates on those forms of matter for which it has affinity. It has not a spiritual existence, acting on spirit, but it is material and operates on matter. The form of matter for which it has affinity may exist as a primordial organization, or it may be the result of the action of secondary causes, and according to one or the other of these modes of origin, we infer the absolute, or qualified susceptibility of the system to the action of contagious poison. The virus of contagious diseases, however subtle, must meet with a condition of matter in the system, for which it has affinity strong enough to subvert the existing elementary combinations, for the production of new and dissimilar compounds. These compounds may be formed at the expense of the solid tissues, or of the mobile and circulating fluids, as demonstrated by various anatomical lesions and vitiated secretions from the different emunctories. Whether the virus be introduced into the system in its intangible gaseous form through the lungs, or by inoculation, when thus capable of affecting it, the consequences in the economy are the same. This is also the fact when the disease spontaneously occurs from these inscrutable atmospheric causes of widely spread epidemics. Scarlatina thus produced presents the same physical results as when originating directly from contact or proximity to the diseased; the endless modifications being the result of individual idiosyncrasy, and the degree of concentration in the primary morbific or predisposing cause. Thus a sporadic case of scarlet fever, introduced into an otherwise exempt locality, even if severe in its individual character, rarely communicates the disease to the neighborhood, but it more frequently subsides entirely with the recovery of the particular case. If, however, an epidemic or predisposing influence prevail, silently and imperceptibly effecting changes in the atomic relations of the elementary constituents of the solids or blood, we have the disease spreading in every direction, and varying in intensity from the mere rash to the most frightful malignancy.

When we consider those isomeric compounds in which the same elements exist in exactly the same relative proportions, but by a touch of the vital force during their combinations, merely affecting the polarity of their atoms, and consequently their mechanical

arrangements, such different results are effected, for instance, carbon, oxygen, and hydrogen, in precisely the same equivalent proportions, producing either starch or sugar; as the mode of vitality affects the polarity of the atoms during their combination, we are not at loss to comprehend how a morbific agent, subtle as the electric fluid, having entered the system, may so modify the vital movements in their atomic groupings, as to produce a compound, for which the specific fomites of the diseased, may have affinity, and produce such results as are witnessed in contagious diseases. That such morbific agencies exist, whether of vegetable, animal, or electro-magnetic origin, there can be no doubt. The history of epidemics is replete with illustrations of the fact. In intermittent districts, what causes over-exertion, exposure to the sun, or evening air, to be followed by fever and ague? We answer, malaria. Who has seen it, analyzed or submitted it to the microscope? Yet we know there are districts where similar exposures are not followed by such results; and we reasonably infer that some such predisposing cause does exist, where chills and fever prevail. Whence comes it? we say from malaria. Here we have a predisposing cause, frequently self-sufficient, but generally excited into activity by whatever reduces the vital tone. This form of disease has not yet been accused of engendering contagious fomites. We may extend the idea to gangrene, tetanus, erysipelas, scarlet fever, and perhaps even to puerperal fever, which become epidemic, through the action of an occult agent, and are developed by lesions of structure and morbid contact. Thus hospital gangrene, tetanus, and erysipelas follow fortuitous lesions and surgical wounds; scarlatina, the inhalation of its specific effluvium; and puerperal fever, the contact of gangrenous virus. Here we recognize the operation of a remote cause acting on the elementary or atomic movements of the organism; predisposing it to certain physical expressions, when injured, or upon the application of a specific poison. In this category we may presume to place cholera; and consider it an epidemic disease, engendered by a cause thus far inscrutable, and excited into activity by whatever immediately disturbs the functions of organic life, or the integrity of the great nerve of nutrition and chemical action, and perhaps under such circumstances, like scarlet fever, capable of

communicating its mode of action to systems already prepared for it.

This virus is the very antithesis of what appears to obtain in the strictly contagious diseases, where the predisposition is inherent or congenital, having its origin in those recondite elementary movements which constitute the condition known as idiosyncrasy, when somewhat limited in its particular operation. Thus all human beings are born with certain elementary combinations for which the virus of variola and rubeola have affinity, operating under all conditions of health and atmospherical modifications, in the production of those chemical results in the economy, with which we are all familiar.

A grouping of atoms or elements in certain definite proportions, produces in many an idiosyncrasy susceptible to the action of the poison of the Rhus toxicodendron. Now the manifestation of these affinities, as expressed by the chemical results in the system, does not depend on any predisposing atmospherical influence, but grows out of a pre-existing and inherent assemblage of elements for which those poisons have affinity. However, such cases, especially those resulting from the action of animal poisons, as smallpox, require a definite time for the fomites, when introduced into the system, to subvert the vital force by which these peculiar compounds were held in harmony with the organism, and establish their particular mode of chemical action. This is called the period of incubation, and its duration is that portion of time necessary for the virus to effect a chemical change in a sufficient amount of the particular compound for which it has affinity, to produce the phenomena of fever.

Considering variola and rubeola as the types of contagious diseases, and the period of incubation and invariableness of communication as characteristics of such maladies, we perceive no analogy between them and cholera. For in the development of those diseases we recognize a primordial arrangement of matter existing in the individual, for which their specific poisons have affinity, and which may be brought into activity under all conditions of health and states of atmosphere, and we know of no circumstances under which exposure to their morbid effluvia suddenly develop the sensible signs of disease, without the preliminary period of incubation. It is true when either of the first

named diseases prevails as an epidemic, individuals are constantly being seized with the initiatory fever without at all times being able to say, upon what occasion they were exposed to the virus. But this does not militate against the necessity for a period of incubation, as the opportunities for infection exist everywhere at such times. There was no instance recorded of the introduction of a person so affected into a sound community, and there producing the disease without this characteristic preliminary stage. Indeed, when we consider the certainty of smallpox to infect the absolute necessity for a latent period, and compare it with those recorded cases of so-called contagious cholera, we see nothing in common to entitle it to a place in the same category. It cannot be possible that a disease to which hundreds may be exposed with impunity at one time may at another assume so contagious a character as to asphyxiate with the suddenness of carbonic acid, as we hear reported of the cholera. When groups of men have been stricken down whilst attending such cases, it may rather be considered a coincident than a result, for such cases only occur during epidemics, and similarly sudden results are happening to individuals and parties who are by no means exposed to the influence of the disease.

Other circumstances must therefore be considered, which will remove cholera from among the positively contagious diseases and place it with that more numerous and still more doubtful class of communicable maladies which we have before said belong to epidemic influences, and whatever impairs the integrity of the great nerve which controls the functions of nutrition and chemical action.

Yellow fever, typhus and typhoid fevers, dysentery, and some other maladies, have long been fruitful themes upon which the doctrine of contagion has been discussed, and its most ardent advocates have to admit an assemblage of circumstances to co-operate with the assumed fomites. Yellow fever is said to be contagious at a certain range of temperature and degree of moisture, abundance of vegetable and animal matter undergoing decomposition, and imperfect ventilation not removing its production, but becomes non-contagious when transferred to an arid situation and pure atmosphere.

Similar circumstances, as innutritious food, irregular habits, and contaminated air, acting in concert with an epidemic cause,

are necessary adjuvants to the so-called contagion of typhus fever. The constancy of such adjuvantia as furnished in hospitals, almshouses, emigrant ships, &c., is such as to warrant a denial of the existence of specific contagion. As these diseases do not always prevail under the same apparent circumstances, and during their existence some cases occur beyond the sphere of their action, we assume the existence of an ulterior cause, acting on the atomic movements, affecting their polarity so as to produce those isomeric conditions which may be thrown into diseased action by such agents as reduce the vital tone or impair the functions of organic life. And as the effluvium arising from the excretions of cholera subjects so affect some as to produce languor and nausea, thereby impairing the functions of digestion and assimilation, and having a positive chemical affinity for that specific molecular grouping of atoms effected by the action of the epidemic cause, the activity of the disease may be thus developed. In this manner we may answer the question and pronounce cholera, under such circumstances, to be contagious.

In corroboration of these views, I will briefly state, that during the months of July and August, we had undoubtedly a cholera diathesis in Pemberton district; numerous cases of sero-albuminous evacuations, cramps and asphyxia occurred in that neighborhood; but, with the exception of one family, the cases were isolated. In no other instance was there the least appearance of its having been communicable until it invaded the county-house, where it was greeted by the assemblage of circumstances to which we have alluded. Old age, impaired functions, bad air, the use of water saturated with batracia (frogs and toads), all conspiring to goad into malignancy a malady which in a better atmosphere had been perfectly manageable. If we add to the enumerated vices of the house the effluvium arising from the excretions of the diseased, we have another element which we may call contagion to aggravate its virulence. But how far this alone was capable of communicating the disease may be inferred from the fact that it was not spread through the neighborhood.

When about twenty-five of the unaffected inmates of the poor-house were removed to a distant dwelling beyond the sphere of its contaminated air, they remained perfectly free from the least

symptom of the disease, and were the only ones connected with the house who entirely escaped.

Whether the exemption of these depended on their removal, or whether they were of that class whose tone of vitality is so perfect as to resist all morbid influences, it is impossible to say. Such exceptions are to be observed in all epidemics.

PEMBERTON, N. J., *April* 10, 1855.

ART. V.—*Cimicifugin.* By C. H. CLEAVELAND, M. D.

[The writer of the following article (together with one published in the March number of the REPORTER) has for many years been an occasional contributor to the pages of this journal. He has of late fallen upon the "Eclectics" of Cincinnati, or rather, we believe, they have fallen upon him, and pressed him into their service. Believing that the resinoid principles of some of their favorite remedies (theirs only by adoption, however) are valuable as medicinal agents, he asks the privilege of calling the attention of our readers to them. His articles bear evidence of the honesty of his intentions, and we hope that our readers will be profited by our author's suggestions. Professors King and Morrow, whose names occur in the article, are, we believe, connected with an "Eclectic" college in Cincinnati.

ED. N. J. MED. REPORTER.]

Cimicifugin, or as it is oftentimes called *Macrotrin*, is obtained from the root of the Cimicifuga racemosa, which has for a long time been highly prized by all classes of physicians. According to the analysis of Mr. Tilghman, published in the *American Journal of Pharmacy*, vol. vi. p. 20, the decoction of the root contains fatty matter, gum, starch, *resin*, tannin, wax, gallic acid, sugar, oil, black coloring matter, green coloring matter, lignin, and the salts of lime, iron, magnesia, and potassa.

This analysis did not, however, seem to aid in discovering the peculiar medicinal agent of the root. It was found that the peculiar bitterness and nauseating properties of the plant seemed more fully developed in the ethereal extract than in any other form.

Prof. B. S. Barton long since found the Cimicifuga of value, to prevent putridity. Dr. Mears, in 1827, found it to produce fulness of the pulse, and a flushed face. Dr. Gardner, Dr. Chapman, and others, have found it to reduce the frequency of the pulse, and increase the pulmonary secretions in phthisis pulmonalis.

Dr. Dunglison also found it of value even "when pushed so far as to produce catharsis, and even slight narcosis." Dr. Young was highly pleased with the results obtained from its use in chorea, and Dr. Wood in his own practice verified the accuracy of Dr. Young's observations. Dr. Wood found the agent of value in cases where convulsions occur periodically. Prof. King, of this city, uses the alcoholic extract in epilepsy and diseases of the uterus, and speaks very highly of it. I have used Cimicifuga in phthisis, rheumatism, chorea, epilepsy, and amenorrhœa, and have always supposed my patients were benefited by it.

The resinoid *Cimicifugin* has been used by a considerable number of physicians in the West and South, and many have preferred the resin to any other preparation from the root, as containing the most active principle of the plant in a very concentrated form. It was first manufactured by Prof. King, in 1835, while residing in New York, and when he came to the West, he called the attention of the profession to it in 1844 and 1846. After a little time Mr. W. S. Merrill prepared some, and since then it has met with a large and rapidly increasing sale.

Its mode of manufacture is as follows:—

Make a saturated tincture of the root, and distil off the alcohol until the residue is of the consistency of syrup, then warm the mass, and mix with it four or five times its volume of cold water, constantly stirring the mixture until it is thoroughly mixed. This is to be allowed to stand until the resin has fallen to the bottom, when a small quantity of muriatic acid may be added to precipitate anything the liquid may still hold in solution. The supernatant liquid may then be poured off, and the mass carefully washed with more water to remove the acid, and the liquor filtered through paper, which will retain the cimicifugin. This should be washed and filtered two or three times until all the acid is removed, when the cimicifugin may be dried and bottled for use. This preparation is not a chemically pure resin, but contains but little impurity, and is sufficiently concentrated; that the dose ranges from one-fourth of a grain to two grains.

Prof. King and Prof. Morrow speak in strong terms of its value in leucorrhœa, dysmenorrhœa, sterility, and other forms of uterine diseases, as well as in those forms of disease the authors first quoted refer to. From an experience of two years in its use, I

am prepared to say that it will be found useful in those cases where the root, or its decoction or tincture is indicated, and that it is only inferior to the alcoholic extract, and perhaps may be found on further trial to equal that in value. Its form—a powder—and the small size of the dose, strongly commend it to the notice of the country practitioner, who will find no difficulty in manufacturing it for his own use.

Several physicians have supposed it to possess a specific power of neutralizing the virus of smallpox, and cases have been related where it appeared to lessen the number of pustules, and to hinder the formation of the pus, as well as to lessen the febrile excitement. Although the testimony is very strong, I do not speak with entire confidence, as I have never observed its effects in these cases, but think it should be carefully and thoroughly tested, and the results made public.

139 Seventh Street, CINCINNATI, March, 1855.

BIOGRAPHY.

ART. VI.—*Biographical Memoir of Nathan S. Davis, M. D.*

THE subject of this memoir is the second son of Dow Davis, and was born in the town of Greene, Chenango Co., New York, January 9th, 1817. His father is by occupation a farmer, and with his elder son, still occupies the farm on which Nathan was born, lying three miles northwest of the village of Greene, and near the valley of the Genegantslet Creek. Of his ancestral relations but little is definitely known. His boyhood was spent in a *log* house, and until he was sixteen years of age, was himself bred a farmer, engaging actively in the varied and laborious pursuits incident to a farmer's life. Endowed by nature with a spare frame, slight and fragile in appearance, the occupation of his boyhood doubtless contributed much to the acquirement and subsequent development of that physical energy and power of endurance which he has enjoyed in his manhood. His early education was limited and defective, consisting only of such as he could

acquire at a backward district school in the neighborhood, and by voluntary reading during his leisure hours, of such books as he could obtain. The pecuniary circumstances of his father, and the need of his assistance at home, and in the field, seemed to oppose the propriety or expediency, however desirous he may have been, of placing his son in a position where he could enjoy those advantages which he so much coveted, and it was not until he had attained the age of sixteen, that his desires in this particular were gratified. At this time he seems to have formed the purpose of preparing himself for the practice of medicine, and obtaining his father's consent and approbation, he entered Cazenovia Seminary, where he remained six months, pursuing the studies of English grammar, chemistry, natural philosophy, algebra, and Latin, with an earnestness and profit which few exhibit.

At the expiration of this term in the seminary, he commenced the study of medicine with Dr. Daniel Clark, of Smithville Flats, with whom he continued until the following autumn, when he took his first course of medical lectures at Fairfield, in the old "College of Physicians and Surgeons of the Western District of New York." At the close of the course, our young student entered the office of Dr. Thomas Jackson, of Binghampton, under whose tuition he remained until the completion of his term of study, attending lectures each winter at Fairfield. In January, 1837, at the end of his third course of lectures, he received the degree of M. D., being then but a few days over 20 years of age.

Of *four*, who were selected from the graduating class, to read their *theses* in public, as a part of the commencement exercises, Dr. Davis was one.

During his pupilage, his small supply of *money* and the limited assistance he received from friends, compelled the adoption of a rigid system of economy, and while in college, he tells us, that he boarded himself, "living very cheaply upon *roast potatoes, pudding and milk*," &c. &c.

Near the close of his last college course, an application was made to the Faculty of the college for their recommendation of a suitable young man who would go to Vienna, Oneida Co., and take the place of a physician who had for many years attended to the greater part of the practice in the vicinity, but whose health was then supposed to be rapidly failing. Dr. Davis

was referred to, and the proposition accepted. With a small library of books and a pocket-case of instruments, we find him in the February following, engaged in the practice of his profession, with the physician above alluded to (Dr. Daniel Chatfield). Soon after he made a verbal agreement with Dr. C. to purchase his property, the latter consenting to retire from practice altogether. During the following summer, however, Dr. Chatfield's health having became much improved, he was again desirous of engaging in practice, forming a partnership with Dr. Davis. But the latter declined the proposition. The "half agricultural and half *lumber*" town of Vienna, together with its remoteness from any considerable town or village, was little suited to satisfy the ambition and aspirations of such a man as Dr. Davis; and hence in July, having made a residence of only five months, he removed to Binghampton, Broome Co., where he continued in practice until his removal to New York, a period of nearly ten years. At the time of his removal to Binghampton he seems to have been desirous of migrating to the Valley of the Mississippi, but the want of pecuniary means induced the abandonment of any purpose in that direction.

The success which attended Dr. Davis in his new field of labor, both in his professional and social relations, was all he could desire or reasonably expect. While the intelligence, skill, and sound judgment which he exhibited as a physician secured to him the confidence and patronage of the community in which he lived, the urbanity of his manners, and the kindness and good feeling which he uniformly manifested, won equally the esteem and friendship of all who knew him.

In the spring following his removal to Binghampton, he was married to a Miss Parker (daughter of the Hon. John Parker, of Vienna), and who is still, with their two children, the pleasant sharer of his alternate joys and sorrows.

In addition to the varied and onerous duties incumbent upon him as a physician, and identified as he was with reform movements of both a local and general character, he still found much time for close and careful reading. His ambition to excel in the profession of his choice, coupled with an ardent love for its study and pursuit, left no leisure hour unemployed. In the organization and prosperity of medical societies, he took a deep and earn-

est interest, laboring zealously and diligently in whatever would contribute to their welfare and usefulness, or to the advancement of medical science, and the elevation of professional character. And I may add, his zeal and industry in this respect have not in the least diminished. Frequent communications from his pen made their appearance in the different medical journals, and one of which, originally published in the *American Journal of Insanity*, was copied into some of the European journals.

At the annual meeting of the New York State Medical Society, in Feb., 1840, the prize previously offered for the best essay on the "Diseases of the Spinal Column," &c., was awarded to him, and the essay published in the Transactions of the Society. The following year he received the prize offered by the same society for the best essay on the "Discoveries in the Physiology of the Nervous System, since the time of Charles Bell," which was also published in the Transactions of the Society for the same year, 1841.

In 1842 he was appointed delegate from the Broome County Society to the State Society, taking his seat in that body in February, 1843. He continued to meet with the State Society annually until his removal from the county in 1847, and to contribute to its Transactions almost yearly until his removal from the State.

During Dr. Davis's residence in Binghampton, he conceived the idea of a National Medical Association, and through his instrumentality and the co-operation of others, a convention of members of the profession was called, which met in the city of New York, in May, 1846, and which resulted in the organization of the society known as the *American Medical Association.*

In the spring of 1847, being ambitious for a wider field of labor, and increased facilities for acquiring distinction, he removed to the city of New York. During the winter following he employed a part of his time, at the solicitation of the Demonstrator of Anatomy in the College of Physicians and Surgeons, of that city, in taking charge of the dissecting-rooms and giving instructions in practical anatomy, and at the close of the regular college session, received and accepted an invitation from the Faculty, to give the spring course of lectures on *Medical Jurisprudence* in that institution. In the latter part of the same year, 1848, he commenced editing a small semi-monthly medical journal,

styled the *Annalist*, and which he continued to publish until his removal from the city. During his residence in New York, his private practice slowly but uniformly increased, and in the summer of 1849 he found his time not only fully but profitably employed. In July of this year he received and accepted an invitation from the Trustees and Faculty of "*Rush Medical College*," located at Chicago, Illinois, to occupy the Chair of *Physiology* and *Pathology* in that institution. With this view he left New York in August, and after spending a few days in the interior of the State, started for his western home, arriving in Chicago in September, and the following month entered upon his duties as a public teacher, discharging them with much credit to himself, and satisfaction to others. During the following year, some changes were effected in the Faculty of the College, and Dr. Davis was transferred to the Chair of *Practice of Medicine*, uniting with it *Pathology*. The establishment of a hospital soon after, brought with it the duties of clinical practice and instruction, and from that time until the present, he has performed the duties, and held the title of "*Prof. of Pathology, Practice and Clinical Medicine*." With what ability and satisfaction he has discharged the responsible duties imposed upon him as a teacher in medicine, the testimonials he has received, abundantly testify.

Near the close of the regular college session of 1852–'53, he was presented by his class, as a token of their appreciation of his talents and ability as a teacher, and his worth as a man, with a valuable microscope, having a magnifying power of 1000 diameters. It bore the following inscription:—

PRESENTED

TO

N. S. DAVIS, M. D.,

Prof. of Pathology and Practice of Medicine

in Rush Med. College,

BY THE CLASS OF

1852 AND '53.

During the last session of 1854–'55, he was again made the recipient of testimonials equally expressive of the high regard and esteem in which he is held by those who listened to his instruction.

In the organization and prosperity of our *State* and *Local Medical Society*, he has uniformly taken a lively interest, attending their regular meetings, and contributing much to the interest of their transactions and their usefulness.

At the annual meetings of the National Association, of which he is at present one of the vice-presidents, he has been a regular attendant, with the single exception of the meeting at Baltimore. A list of the reports he has made, and papers presented to that body, together with others published from time to time, will be found appended to this sketch.

In concluding this brief outline of the past life of Dr. Davis, it may in brief be said, that in the reform movements pertaining to medical education, and in whatever will contribute to the advancement of medical science, and the elevation of professional character, there is concentrated his best energies, giving them his most zealous, earnest, and efficient support.

A few words in reference to his mental, moral, and social qualities, and his character and abilities as a physician and teacher will finish this sketch.

The talents which nature has bestowed upon Dr. Davis are of a high order. He possesses an inquisitive mind, clear, logical, and comprehensive. Originality of thought and independence of opinion are prominent qualities of his mind and character. The sentiment embodied in the oft-quoted and well known line—

"Nullius addictus furare in verba magistri,"

is peculiarly applicable to him. In the discussion or investigation of any subject, his intellect is keen and searching. He has an ardent temperament, with a predominance of the nervous, a lively imagination, and a general fund of humor and pleasantry, which renders him in conversation or discussion, lively, pleasing and attractive. In debate he is usually calm, always ready and self-possessed; and not unfrequently, in the excitement or warmth which the subject or place occasions, arises to sublimity of thought and expression. His reasoning is cogent and terse, stating his points with clearness, force and precision. In manner he is impressive, always commanding attention, and oftentimes admiration.

Dr. Davis is a member of the Protestant Methodist Church,

contributing by precept and example to the advancement of its interests, and the dissemination of true piety. He is frank, open-hearted and open-handed, ever ready to console the bereaved and unfortunate, to encourage the despondent, and to assist with more material aid the needy and destitute. Unlike many, his charity is prompted by a higher, nobler motive than ostentation and show. His labors and self-sacrifices in behalf of the unfortunate sick and poor of this city are held in grateful remembrance by the hundreds who have been the recipients of his kindness and aid.

As a physician, it is no unjust praise to say that he is universally beloved and esteemed by those who come under his care, inspiring in them confidence and hope, and meeting them with an encouraging smile, and a remark, oftentimes more effective for good than the most potent anodyne. In his diagnosis of disease, he is minute, careful, and searching, equalled only by the skill and sound judgment which he exhibits in their treatment. In emergencies requiring self-possession and prompt action, he is calm, deliberate, and efficient, exhibiting a ready command of resources which few under like circumstances possess. These attributes have secured for him, in a remarkable degree, the confidence of his professional brethren, and of the community in which he lives.

As a lecturer and teacher, he is a deep thinker, and a ready and fluent speaker. A close and accurate student himself, his lectures are delivered with clearness and distinctness, characterized by originality of thought, rigid analysis, and close logical deductions. He possesses the happy faculty of awakening in the minds of his class a lasting and earnest interest, and rendering them enthusiastically in love with the principles and study of medicine. He is emphatically the student's friend, ever ready to afford him every facility in his power for self-improvement and the accomplishment of every laudable and noble impulse. In a word, in all his relations, whether as a physician, teacher, or citizen, he enjoys a reputation which "no praise can brighten, or condemnation make dim."

The following is a list of the works written by Dr. Davis, not including any of his numerous communications to medical periodicals, viz:—

"An Essay on Diseases of the Spinal Column," to which was awarded the prize of the New York State Medical Society, in

February, 1840, and which was published in the Transactions for that year.

"An Essay on the Discoveries in the Physiology of the Nervous System, from the time of Charles Bell to the present time." This received the prize awarded by the New York State Society for the year 1841, and was also published in the Transactions.

"A Text-Book on Agriculture, designed for study in schools," published by S. S. & W. Wood, 261 Pearl St., New York, 1848, pp. 148.

"History of Medical Education and Institutions in the United States, from the first settlement of the British Provinces to the year 1850; with a Chapter on the Present Condition and Wants of the Profession, and the means necessary for supplying those wants, &c. &c.: Chicago, S. C. Griggs & Co. publishers, 1851."

"Has the Cerebellum any Special Connection with the Sexual Propensity or Function of Generation?" An experimental investigation concerning the relative development of the Cerebellum in the Ox and Bull; read to the American Medical Association in May, 1850, and published in the Transactions, vol. 3.

"An Experimental Inquiry concerning some points connected with the Functions of Assimilation, Nutrition, and Animal Heat; also Analysis of the Blood of the Renal Vein and Artery, and that of the Iliac Vein and Artery of the same animal;" read to the American Medical Association in May, 1851, and published in the Northwestern Medical and Surgical Journal.

"Report from the Standing Committee on Medical Literature;" read to the American Medical Association in May, 1853, and published in the Transactions, vol. 6.

"A Lecture on the Effects of Alcoholic Drinks on the Human System, and the Duties of Medical Men in Relation thereto; delivered in the lecture-room of Rush Medical College, Dec. 25th, 1854; with an appendix containing original experiments in relation to the effects of Alcohol on Respiration and Animal Heat." J. F. Ballantyne, printer, Chicago, 1855, pp. 31.

PROCEEDINGS OF MEDICAL SOCIETIES.

ART. VII.—*Extracts from the Minutes of the New York Pathological Society.* Specially reported for the New Jersey Medical Reporter, by E. LEE JONES, M. D., Secretary.

REGULAR MEETING, *Feb.* 28, 1855.

Rupture of Uterus.—Dr. CONANT presented a specimen of lacerated uterus, with the following history: Eliza McGovern was taken in labor on Tuesday, Feb. 13, and at three o'clock in the afternoon the husband applied to the Demilt Dispensary for a physician. He was there informed that such cases were not provided for by the Institution. Still, to relieve his great anxiety, and by his own consent and request, a student of medicine, from a neighboring boarding-house, was called, and went with him to the house, 233 E. 20th Street, and took charge of the case. After about an hour's delay, upon making an examination, this student discovered that the funis was prolapsed. He immediately informed the friends that there was a complication in the case, and that they must call the best physician that could be found, as he did not like to take the responsibility. When the husband arrived, some time in the evening, he went directly for a more experienced practitioner. Dr. LONGRIGG being called, expressed his firm belief that he should be able to deliver the woman in a very short time. He succeeded in bringing down the right foot and hand; but, failing in his efforts to deliver anything more, he called in a medical friend. After holding a consultation, Dr. L. says, "I demanded a fee, knowing that one would not be paid, and, as I expected, we were discharged." Dr. L. ceased all efforts at delivering the woman at about 11 o'clock, Tuesday night, after which time the patient had no labor-pains at all, but commenced vomiting everything taken into the stomach. She sank very rapidly, so that in two hours the friends thought her dying. The student remained by her all the time, to see the termination of the case. After the departure of Dr. L. and friend, the young gentlemen went with the husband to nearly every physician's office in the vicinity, but failing to secure the services of one, the young man was finally sent to Dr. Finnell, and the husband called on Dr. Conant, who immediately attended. Dr. F. arrived a few minutes later, about 11 o'clock on the morning of Wednesday. The patient was in a deplorable condition, the pulse being 150 per minute; the respiration about 50, and labored; the countenance having the anxious and pinched appearance peculiar to one suffering under rapid exhaustion; the abdomen was very tympanitic—

in fact there was every indication of speedy dissolution. Upon further examination, Dr. C. found the right foot and leg as far as the knee, protruding through the vulva; the funis prolapsed some six inches; after which Dr. F. discovered the laceration of the womb. After a short consultation, Dr. C. proceeded to turn, and delivered the child in about half an hour, without much inconvenience to the patient, who expressed herself as decidedly relieved when the child was removed.

The child was known to be dead before delivery, as there was no pulsation in the chord.

Dr. C. continued in attendance until her death, which occurred twenty-four hours subsequently. After the child was removed, from twelve to eighteen inches of the intestine protruded into the vagina; these were returned, and the placenta was found to have passed through the rupture into the abdominal cavity.

The *post-mortem* examination was made the next day, and revealed a rupture, extending some three inches up the cervix uteri, and about the same distance down the vagina, upon the left side of the organ. The alimentary canal was excessively distended with gas. There was no sign of inflammation except upon the intestine, which was opposite the laceration.

Dr. BATCHELDER inquired what length of time after commencement of labor, ruptures most generally occurred. In his experience, it was usually within fifteen or eighteen hours. Dr. Finnell mentioned one case, where rupture took place three days after commencement of labor, and others within twenty hours.

Dr. CLARK asked the usual seat of rupture. Dr. Finnell said, at the junction of the os uteri and vagina.

Dr. ISAACS mentioned four cases through the cervix, and one partially in body.

Double Placenta.—Dr. BAUER presented, for Dr. Kalb, of Brooklyn, a double placenta, to which the oval membranes and a fœtus were attached, the latter in an advanced state of putrescence. That portion of the placenta belonging to the fœtus was much smaller and of firmer texture than the remaining part, and the corresponding oval membranes were soft and easily torn. An intermediate part shows a high degree of fatty and fibrous degeneration; in all probability the effect of previous inflammation of that portion of the placenta, and the cause of death of the fœtus. During gestation the mother enjoyed excellent health, nor was her confinement attended by any peculiarity.

Resection of Head of Femur.—Dr. Bauer then exhibited the *heads* of *three femoral bones*, which he had removed, within the last eleven days, by the operation of resection. Two of the specimens presented all the evidences of advanced carious destruction. Their size was considerably diminished. The articular cartilage was partially destroyed, and portions elevated and thickened. The

acetabula were also slightly involved, their cartilaginous coverings being, to a degree, destroyed. Sinous openings existed about the diseased joint, and extensive burrowing of pus on the inner side of the thigh. The patients, between the ages of 3 and 4, were greatly emaciated and anemic, and labored under hectic fever, loss of appetite, and excessive pain. The operation was performed under the influence of chloroform, attended with but little loss of blood. The patients rallied speedily from the effects of the operation, and have since progressed favorably.

The *third specimen* consisted of the head and neck of the femur removed from a girl 7 years of age. The patient received a fall four months ago. Since that time she has limped in walking, and has experienced pain in and about the left hip-joint. The affected member assumed an everted and flexed position. Gradually the extremity became inverted, flexed both in hip and knee-joint, and adducted. When first seen by Dr. Bauer, the patient was suffering from much pain and constitutional disturbance. On the inside of the thigh there was an extensive abscess, situated under the fascia lata; the joint was inflamed and fixed. The position of the limb, in conjunction with the abscess, proved to his mind that the joint had already opened spontaneously. In this view, he determined to open the abscess freely by external incision, so as to afford a fair inspection of the diseased portion, and, if the condition of the parts warranted, to remove the bone. On opening the abscess, the joint was found perforated anteriorly, and the neck of the femur in a carious condition. The affected part was then removed. On examination, it was ascertained that the periosteum of the anterior surface of the neck had been destroyed, and the bone carious to the extent of two inches. Here the capsule was rent, and the cartilage, otherwise intact, had lost its color and firmness, and had commenced to elevate itself from the femoral head. Around the latter, and within the capsule, there were unmistakable signs of inflammation of the synovial membrane. The patient, since the operation, was progressing favorably.

Dr. Clark remarked that he had been surprised to find so many cases of recovery from hip-joint disease; in Newport he had seen seven men who had, at some previous time, labored under the disease. He stated this as evidence that nature does occasionally effect a cure; and it is unquestionably true, that many do recover without surgical assistance.

Dr. DETMOLD said that his observation coincided with Dr. Clark. In his opinion, many, no doubt, will recover with deformity—we cannot know what nature will effect. He has had no personal experience in the operation, but was disposed to let them alone.

Dr. CLARK mentioned some additional particulars, and referred to the advertisement of a gentleman whose child was afflicted

with disease of the hip, asking information as to what means would effect a cure. In answer, the father received replies from thirty odd persons, whose children had recovered from hip-joint disease. In operating, fatality must be considered; some accurate statistics were wanting to prepare evidence as to the relative proportion of recoveries.

Dr. BAUER, in reply to the objections raised by Drs. Clark and Detmold, said that a simple caries often required years for its spontaneous cure, and the resection of the affected bone was often imperatively called for. In the case under consideration, there was something more, namely: spontaneous opening of the joint, and extensive burrowing of pus under the fascia lata. His experience, based on a considerable number of similar cases, led him to expect but little aid from nature, where the joint was so seriously involved as in the present case. All that could be accomplished through the assistance of *nature*, during years of suffering, was the elimination of the diseased bone, the gradual removal of the disintegrated parts, anchylosis of the joint, and, in addition, deformity, with shortening of the limb to the extent of three inches or more. The old method has realized but questionable results; and he could relate cases, under the treatment of distinguished surgeons, where the patients had died by inches, nothing having been done to assist nature in her sanitary efforts. If he succeeded in curing the three patients by the treatment adopted, and, at the same time, obviate deformity by appropriate orthopedic means, he should consider the question decided beyond dispute as to the relative methods of treatment. By request of the president, Dr. Bauer promised to lay before the Society the statistical data he had been collecting for years, in reference to hip-joint disease. Dr. Bauer further said, he would not remove bone unless caries existed, the deformity resulted from muscular contraction, not from absorption of cartilage, or dislocation of the limb.

Dr. CLARK remarked that, in posterior curvature of the spine, pus was seldom discharged externally; and the fluid would frequently be absorbed.

Dr. BAUER said it was softening of the cartilages, and not caries, in those cases.

Dr. DETMOLD observed that caries generally causes abscess sooner or later.

Dr. CLARK inquired what was *caries?* whether it was molecular disintegration? There were many instances of destruction of two or three vertebræ; and new bony matter being thrown out.

Dr. DETMOLD replied that disintegration with pus, is *caries*—in other cases it is atrophy, or interstitial absorption, and not caries. No caries, no pus.

Dr. MARKOE said, that is just the point; a secretion of pus has

taken place, then true caries; absorption ensues, and anchylosis follows. He had examined one in progress, where pus was found, and reddish granulations were present.

Dr. BATCHELDER considered caries as ulceration of the bone.

Dr. ISAACS asked how often deposition of tubercular matter was found in cases of absorption of the bodies of the vertebræ?

Dr. DETMOLD said, Rokitanski thought it rarely occurred.

Dr. MARKOE never succeeded in finding tubercle in many examinations made by him, while residing in the City Hospital.

Dr. MINOR referred to a case of hip-joint disease, under his present care, in a patient of strumous diathesis—he was using the ordinary straight splint, with appropriate constitutional treatment. The patient was rapidly improving, hectic fever had subsided, and was in a fair way to recover.

Tubercular Lung.—Dr. FINNELL exhibited the *right lung* of a healthy girl, aged 19 years, who poisoned herself with opium. At its inferior portion there were several small rounded masses, looking like melanotic tumors. Microscopic examination, however, proved them to be tubercular. They were closely adherent to the pleura-pulmonalis. No other tubercular matter was discovered in the lungs.

Tubercular Lungs and Urinary Calculus.—Dr. FINNELL next presented the *left lung* of a woman, aged 66 years, who first complained of ill health five years ago; her symptoms then were cough, dyspnœa, with slight expectoration, loss of appetite, and considerable distress about the bladder. She occasionally passed small urinary calculi. About ten months since, her cough disappeared, and breathing relieved; and she was enjoying a fair amount of health, with the exception of the urinary difficulty. She died on the 27th instant, after a few days' illness, of diarrhœa. The *post-mortem* examination revealed tubercular deposit in the *inferior portions* of *both lungs*, the apex and middle being comparatively free. A urinary calculus, weighing 40 grains, was found in the bladder. The diarrhœa depended on tubercular ulcerations of the intestines.

Cancer in a Dog.—Dr. ISAACS presented a specimen of *cancerous disease* of the *mammary gland*, taken from a female dog of about 15 years of age. The tumor, which was of the size of an ordinary orange, appeared about a year ago, and gradually increased; three months since, it began to ulcerate. The dog was put under the influence of chloroform, and the diseased part removed. The tumor was found to consist of very hard, rounded masses, some of them creaking under the knife, and of a whitish-gray color; some softer, of a yellowish tinge. Under the microscope, abundance of cells were seen, having large nuclei, with nucleoli, with oil globules, and crystals of cholesterine, embedded in a fibrous stroma. It is now six weeks since the removal of the part, and

the animal is doing well—the wound has healed up perfectly. The disease will, in all probability, return.

Hip-Joint Disease.—Dr. ISAACS next presented a specimen of disease of the acetabulum, head of femur, &c., in a female, aged 25. The history of this case is very imperfect. She was seized with severe pain in the hip and groin, gradually increasing, and extending to the leg and foot. After some weeks, the limb could not be moved without great suffering. In about six months after the attack, an abscess formed under Poupart's ligament. Pus continued to be discharged till the time of death. On tracing up the fistulous track of the abscess, it was found to reach upwards along the inner margin of the psoas muscle, and under the fascia iliaca, nearly to the second lumbar vertebra, but had no connection with the vertebra of this region. Tracing the fistulous track downwards, it passed over the inner portion of the brim of the pelvis, down to the acetabulum, through which there was a carious opening, of the size of a sixpence, into the cavity of the hip-joint. The whole surface of the acetabulum was greatly eroded—the head of the femur was also in the same condition, and much of its substance has been destroyed. The cavity of the joint was filled with pus, which also could freely pass through into that of the pelvis. The tendons of the rotator muscles were still adherent to their points of insertion about the neck of the femur, and were floating in an immense abscess, which existed among the glutei and hamstring muscles. The uterus contained in its cavity a large, fibrous polypus; the left ovary had been converted into a fibrous tumor, about the size of a large orange.

Enlarged Prostate Gland.—Dr. ISAACS next exhibited a specimen of an enormously enlarged *prostate gland* taken from a black man, about 60 years of age; the third lobe was about the size of a musket-ball, and so placed as to shut up completely the orifice of the bladder. It yielded, however, very easily to the point of the catheter, when that instrument was introduced; and probably presented no great obstacle to its passage during life.

Cancer of Colon.—Dr. COCHRAN presented a specimen of *cancer* of the *transverse colon*, taken from a woman, 62 years of age. Three years ago, he was consulted for a diarrhœa, which continued for two months; on examining the abdomen, he found a hard mass about and below the umbilicus. From the existence of this mass, and the persistence of the dysentery, he was induced to infer malignant disease existed. The autopsy showed cancer, involving the colon, stomach, bladder, and peritoneum.

REGULAR MEETING, Feb. 14.

Bright's Disease.—Dr. CLARK presented several bottles of urine containing a considerable amount of blood, and a small quantity of albumen; there was nothing else worthy of notice. The

patient had been passing blood from the kidney for three weeks. In his opinion he was laboring under the first stage of Bright's disease; the blood being the result of functional congestion of the kidney. Another specimen was exhibited of the same color, taken from a gentleman, who, for the last two years, had passed bloody urine. On being placed under the microscope, it was found to be of a different nature. There were numerous cells visible, which seemed to be formed on variable laws; a few could be declared cancer cells; a few epithelial cells of the bladder were observed. The patient was probably affected with cancer of the bladder. A few days (three) after the present specimen was passed, the urine presented an entirely different appearance, having lost its deep red color; the deposit, however, was found the same in character.

Pathology of Inflammation.—Dr. CLARK then presented three specimens possessing some interest as showing modifications of the inflammatory process. The first specimen exhibited consisted of the lungs, trachea, and larynx of a child eight years of age, who died of croup. False membrane is seen extending down to the third division of the bronchial tubes; the trachea and larynx are also lined by the same tissue. On the fifth day (Sunday) after the commencement of the disease, tracheotomy was deemed necessary. The operation was accordingly performed by Dr. Buck, for whom the case is presented by Dr. Clark. From Sunday to Saturday the patient's condition was satisfactory, and hopes of recovery were entertained. On Saturday, however, she became restless, and respiration difficult, the tube being filled with false membrane. Dr. Mitchell, of Brooklyn, the patient being under his immediate care, was called during the night, and removed the inner tube; a piece of membrane was violently ejected six feet from the patient; a few hours after, a portion six inches in length was thrown out. No improvement followed, and the patient died on Sunday. On examination by the microscope, the membrane (from the internal surface of the trachea) seemed as if newly formed, and composed of small cells, markedly granular, arranged in lines; a series of cells was connected by structural material; occasionally a little thread was actually formed. Magnified four hundred diameters they appeared one-quarter of an inch apart. A grayish exudation occurs on the surface of the wound, thirty-six hours previous to death; the croupous membrane seemed as if coming through the opening. The structure of this exudation was entirely different, there being no cells, no fibres, but numerous minute granules; the muscular fibres were also surrounded by minute granules. For six days after the operation, the deposit was diphtheritic, composed of protein compounds and fatty matter. In the same connection, Dr. Buck inquired of Dr. Clark, if the grayish exudation found occasionally on the surface of wounds, refusing to heal kindly, was

not of the same character? He (Dr. Clark) found on examination that it was of the same general nature; portions of the exudation contained minute granules, others a few fibres further in the same connection.

Dysentery.—Dr. CLARK presented the large intestines of a patient, who died of dysentery, lasting thirty days, extensively ulcerated. Everywhere on the surface of the membrane, between the ulcerations, was a grayish exudation, which, on microscopic examination, was found to be constituted as the membranes just described, being composed of granules, and some portions containing fibres. These three exudations, Dr. Clark considered as products of the inflammatory process; there not being, in either case, a sufficient amount of inflammation, or *viability*, to produce a more highly organized tissue. Dr. Batchelder remarked that such exudations were more apt to be seen in cases of burns, and in feeble subjects.

Aneurism of Heart.—Dr. CLARK then exhibited for Dr. Cock an uncommon form of aneurism—an *aneurism* of the *heart*, at the base of the mitral valve of the left ventricle, about the size of a pullet's egg; the sac was lined with coagulated blood; the tissue of the heart around it was fibrous. The history of the case is incomplete. No physical examination was held. She had been in bad health for about one year, being troubled with cough, accompanied with expectoration. The immediate cause of death was double pleurisy, with effusion. Dr. Clark next presented a heart, weighing 27 oz. It was taken from a person who had passed through an attack of pneumonia, and was convalescing. There was an inconsiderable charge of the aortic valves.

Fibrous Tumors of Uterus.—Dr. FINNELL presented the uterus of a woman, far advanced in gestation, 25 years of age, containing 25 fibrous tumors, varying in size from a pea to the fist. She had been suffering for four days from cough and pain in the side. Coming out of church, she became sick, and died during the night. The *post-mortem* revealed the lower portion of the right lung congested—the other portions were healthy; the fœtus was of full size. Dr. Clark considered it unusual for pregnancy to occur under such circumstances. Dr. Dalton called attention to the condition of the cervix uteri, the canal being perfectly distinct from the body of the womb. He considered it interesting, as disproving the old opinion that the canal gradually became obliterated as gestation advanced.

E. LEE JONES, M. D.,
Secretary.

DEMILT DISPENSARY,
NEW YORK CITY.

BURLINGTON COUNTY, N. J.

A stated (quarterly) meeting of the District Medical Society, for the county of Burlington, was held at Mount Holly, April 10, 1855. The president (Dr. TRIMBLE) in the chair. S. W. BUTLER was appointed secretary *pro tem.*

Present, Drs. TRIMBLE (Pres.), STRATTON, READ, COLEMAN, LONGSTREET, PAGE, GOODELL, and BUTLER.

Dr. T. T. PRICE was unanimously elected a member of the Society. Dr. WM. COOK, of Bordentown, was proposed for membership.

Drs. I. P. COLEMAN, H. H. LONGSTREET, and GEO. GOODELL, were appointed delegates to the American Medical Association.

The annual assessment from members to the funds of the Society was increased to three dollars.

Dr. COLEMAN read a paper on the *Contagiousness of Cholera*, a copy of which was requested for publication. Considerable discussion on the question.

It was ordered that, hereafter, the secretary publish the notices of the meetings of the Society in the REPORTER, in lieu of sending out notices.

On motion, adjourned.

S. W. BUTLER,
Secretary, pro tem.

BIBLIOGRAPHICAL NOTICES.

ART. VIII.—*Annual Report of the City Inspector of the City of New York* for the year 1853. Pp. 264.

Report of the Board of Health of the City of Brooklyn to the Common Council, Dec. 1854. Pp. 17.

Sanitary Reports of the City of Buffalo for the year 1854. Pp. 57. Printed by order of the Common Council.

Results of Sanitary Improvement, illustrated by the operation of the Metropolitan Societies for Improving the Dwellings of the Industrious Classes, the working of the Common Lodging-Houses Act, etc. By SOUTHWOOD SMITH, M. D. Pp. 22. London, 1854.

Report of the Commissioners for Public Baths and Wash-Houses, in the Parish of St. James, Westminster, to the Vestry. Pp. 22. London, 1854.

THE Report of the Inspector for the City of New York for the year 1853, is a comprehensive and exceedingly valuable document, containing tabular statements of deaths and their causes, for each month in the year, with recapitulatory tables of mortality for the year. The whole document is drawn up with great care, and with an evident desire, on the part of the inspector, to advance the interest of statistical science.

A recapitulation of the diseases of 1853 presents the following results:—

Zymotic[1] (epidemic, endemic, and contagious),	5,886,	being 25.93	per cent.
Sporadic	16,816,	" 74.07	"
	22,702		

That is, in the ratio of 1 to 3.86 for the former, and as 1 to 1.35 for the latter.

In 1852, the zymotic were	6,543,	being 30.29	per cent.
" sporadic "	15,058,	" 69.71	"
	21,601		

Showing a difference in favor of 1853, in respect to the prevalence of epidemic diseases.

[1] This class of diseases comprises mostly such as are, to a very great extent, *preventible* by proper sanitary regulations.

More cases of intermittent fever were reported, within the city limits, in 1853, than for a long time previously. We presume the same prevalence of this complaint was true also of last year, and that its greater prevalence for the past few years has been general, at least in this section of the Union.

It was in 1853 that there was such an unprecedented mortality in New York, by sun-stroke (*coup de soleil*), amounting to 260 cases against 15 the previous year.

The large mortality caused by *consumption* is a noticeable fact, the sum being 2,739, or about one-eighth of the entire mortality of the year.

There is another outlet of human life, which is perhaps much greater than is generally supposed, viz: the *stillborn* and *premature births*. The loss of life from these causes is 1,930, viz: stillborn, 1,575; premature births, 355. The proportion to the whole number of deaths is about 7 per cent. Of the 1,575 stillbirths, 898 were males, and 677 females; excess of males, 221, or nearly 33 per cent.!

The importance of full records and complete tables of mortality, in a city like New York, is very great, and we hope that the zeal of Mr. Downing will be imitated by his successors in office. When a capable man is elected to such an office, it is to be regretted that custom will not allow him to retain it for a long period.

The report of Dr. Hutchinson to the Common Council of the city of Brooklyn gives a full statement of cholera cases treated during the past summer in the Brooklyn Cholera Hospital. The importance of *early treatment* in this disease, is exhibited by the fact, that while the mortality in the cases that were admitted in a state of *complete collapse* amounted to 82 per cent., the mortality of those who had the advantage of timely treatment amounted to but 1 in 35 cases.

The report of the health physician of the city of Buffalo, Dr. James M. Newman, is a very valuable document, and is devoted almost exclusively to the severe epidemic of cholera which prevailed in that city and vicinity the past summer. The epidemic which began in May, continued till November, reaching its height in July, during which month there were 454 cases and 221 deaths. In August, there were 392 cases and 232 deaths, showing a higher

rate of mortality than during the month of July. (The report for July includes cases which occurred at the Almshouse.) In this epidemic, the influence of *local causes* in producing the disease was remarkably exemplified. Unpaved streets and a defective sewerage, together with a lack of personal and household cleanliness, and the removal of filth and garbage from the streets, were evidently the sources from which the disease sprung, or acquired additional force. As further corroborative of the influence of local causes, the history of the Almshouse is interesting. The first case that occurred in that institution, was a man taken there from the city, on the 2d of June. The second, also taken from the city, occurred on the 1st of July; a third case was received on the 5th; and on the following day, the first case occurred among the inmates. A second case occurred on the 9th, from which date the pestilence raged with unabated fury throughout the entire month. The whole number of cases was 103, 99 of which originated within the institution. *Of these cases, 61 proved fatal!* Let us now inquire into the sanitary condition of the institution, which we will do by quoting Dr. Newman's own words, without note or comment of our own:—

"The buildings are of stone, and comparatively new, having been occupied but some three years. The main building is large, and, standing in the open grounds, presents a somewhat imposing appearance. But its internal arrangements reveal many anomalies in the architecture of this class of buildings. Its ventilation is faulty in the extreme. If any upward draught by flues exists, they are defective and inoperative, and ventilation can be only maintained by open windows. The house is without a hall of any description, and the rooms open from one into the other, so that to reach any room at either extremity you require to pass through the intermediate rooms. The hospital wards are the same, opening into each other, so that the isolation of the sick is impossible. The ceilings are without lath or plaster, consisting simply of the flooring laid upon the timbers, allowing, through the unavoidable shrinkage, free passage for all noxious emanations throughout the entire house. The cooking and washing apparatus of the establishment was in the basement, at or near the centre of the building, and the most conveniently arranged for the dissemination of the foul vapors therefrom over the entire house. A similar arrangement for cooking existed in the insane building. The sewerage was defective, and the brick floor of the main building damp. There was an entire absence of all water-closet arrangements for the accommodation of the sick, and night-pails were of necessity used in the sick wards, and unnecessarily permitted to stand; and, at the time of our visit, large numbers were congregated in the corners of each room, full of filth, giving out their foul, deadly odors.

"The food of the inmates was unwholesome. During the winter, there had been a great want of vegetable food, and during the spring and summer, as far as we could ascertain, an entire absence of it. The potatoes raised on the farm had the most part rotted in the winter; their high price in the market prevented the purchase of others, and care was not taken to procure sub-

stitutes. The meat was salt (several cases of survy had occurred during the winter). A meagre quantity of fresh meat was supplied once a week. The bread, though made from superfine wheat flour, was sour and unbaked. That this was not an accidental or casual occurrence, was proved by the matron in charge of the children, who stated that the specimen exhibited to her, and taken from the table where the evening's rations had been prepared, was of a more than average good quality, and made use of the striking expression, 'that it was frequently so sour that it curdled the milk, when crumbled into it for the children's supper!' Were it not for appearing to delight in painting a revolting picture, I could extend the description to the construction and management of the insane department. But enough has been presented to direct public attention to the subject. Why need we look further for the causes of the pestilence, than those which existed within the building?

"A proof of its local causation can be found in the disappearance of the disease upon the adoption of a more sensible hygienic course, and an improved diet. Under this improved state of things, the introduction of a case of cholera into the house, on the 29th of August, was insufficient to develop the disease, although the epidemic influence over the city was not exhausted, as is proved by its prevalence during the entire month of September."

The total number of cases reported was 1,036, and the deaths 572.

If we had space, it would be interesting to trace the history of the pestilence, as it occurred at the Suspension Bridge, about one and a half miles below Niagara Falls. The total number of cases on both sides the river was 90, and the deaths 70.

We had intended to take some notice of our author's observations on the hygrometric condition of the atmosphere, and its influence on the causation of disease; but neither time nor space will permit.

There is no part of the world that surpasses England in the system, order, and practical working of its sanitary arrangements. The undivided attention to the subject of the Registrar-General, aided by the unremitting labors of such men as Edwin Chadwick, Esq., and Dr. Southwood Smith, with the co-operation of Parliament, concentrate upon it an array of talent that is calcu lated to develop the benefits of sanitary regulations to the full extent that the intelligence and spirit of the age will admit of.

Among other plans of sanitary improvement in that country, is the all-important one of *improving the dwellings of the industrious classes.* Among the associations for this object are the "Metropolitan Association," and the "Society for Improving the Condition of the Laboring Classes."

We will briefly glance at the workings of the former Association, and its results. This is a chartered body, having special privileges.

"Their plan was to erect a large building, divided into suites of apartments capable of accommodating a number of families, and provided with the following sanitary conditions:—

"1. The thorough subsoil drainage of the site.

"2. The free admission of air and light to every inhabited room.

"3. The abolition of the cesspool and the substitution of the water-closet, involving complete house-drainage.

"4. An abundant supply of pure water.

"5. Means for the immediate removal of all solid house refuse not capable of suspension in water, and of being carried off by water."

The system had been in practical operation about five years, at the date of the pamphlet before us.

"The Metropolitan Buildings (Old Pancras Road) consist of 110 sets of rooms, 20 being sets of two rooms, and 90 of three rooms. Attached to each set of rooms is a scullery, provided with a sink, a supply of water, at high pressure at the rate of forty gallons per day, and the means of carrying off ashes and other solid refuse through a shaft accessible from the scullery. There is no cesspool on the premises. The water-closet, substituted for the privy, is situated in the scullery, the door of the closet being so hung as, when open, to shut off access to the scullery.

"Each living-room is furnished with a range, boiler, and oven. By an extremely small quantity of fuel the oven is capable of baking bread, cooking meat and any other kind of food, and the boiler contains a quantity of hot water always ready for use.

"The ground in front of the building is inclosed by iron rails, and forms a protected space for the children of the residents, and at the back there is a wash-house, with a drying-ground attached for the use of the families.

"The sum expended on these buildings amounts to £17,736 17*s.* 11*d.* The rooms, which average from 14 ft. by 10 ft. 6 in. to 13 ft. by 8 ft., are let from week to week; the rent of each set varies from 3*s.* 6*d.* to 6*s.* 6*d.* per week.

"That these rents are moderate will be seen by comparing them with the rents commonly obtained in the metropolis.

"In the streets in the neighborhood of Drury Lane, for example, single rooms let for from 3*s.* to 4*s.* 6*d.* per week. The average rental in Westminster for a single room, not 12 feet square, is 3*s.* per week.

"The total rents receivable from the various establishments of the Association since December, 1847, amounts to £14,630 11*s.* 7*d.*, of which there has been actually received £14,594 6*s.* 11*d.*, leaving a deficiency from bad debts of only £36 4*s.* 8*d.* for five years."

The Association has other sets of buildings erected on substantially the same plan. The remuneration which the Association received in rents amounted, in 1853, to nearly 5 per cent. on the outlay, showing that the investment of capital is quite as good as some more popular modes of investment. The charter of the Association limits the dividends to 5*l.* per cent. per annum.

So much for a *money* view of the experiment. Now for the more important matter of its influence on health, lives, and morals of the class for whose benefit the experiment was made.

1. *Health.*—There has been, in the improved dwellings, complete exemption from typhus, cholera, and, it may be added, small-

pox. When it is remembered that these diseases, even when they do not prove fatal, consume so large a portion of the *time* of the laboring man, to whom time is, in its most emphatic sense, money, the importance of any measure that will diminish their frequency will be better appreciated.

2. *Mortality.*—There has been a vast difference between the mortality in these improved dwellings and in other portions of London.

"In 1850, the total population in the Metropolitan Buildings, Old Pancras Road, was 560, and the deaths were 7, being at the rate of 12½ in 1,000 of the living.

"In 1851, the total population was 600, and the deaths were 9, being at the rate of 15 in the 1,000.

"In 1852, the total population was 680, and the deaths were 9, being at the rate of 13 and a fraction in the 1,000. The average mortality of the three years in these buildings has been 13.6 per 1,000.

"But taking together the whole of the establishments of the Association, which had now come into full occupancy, the total population for the year ending March, 1853, amounted to 1,343. Out of this number there were, during that year, 10 deaths, being at the rate of 7 and a fraction in the 1,000.

"If this mortality is compared with the mortality of the metropolis generally, and with the mortality of one of its worst districts, the following results are obtained:—

"The deaths in the whole of the metropolis, during the same year (1852), reached the proportion of 22 and a fraction in the 1,000; consequently, the total mortality in London generally, taking together all classes, rich and poor, was proportionally more than three times greater than the mortality in these establishments.

"On a comparison of the infant mortality in these dwellings with that of the metropolis generally, the results present a still more striking contrast. Of the total population in the establishments of the Association (1,343), 490 were children under ten years of age. Among these there occurred 5 deaths, being in the proportion of 10 in the 1,000. In the same year, the infant mortality in the whole of London reached the rate of 46 in the 1,000; consequently, the infant mortality in the establishments of the Association has been little more than one-fifth of that in London generally.

"This low rate of mortality, the comparative absence of sickness, and the general state of well-being implied in the two former conditions, will appear the more remarkable when compared with the mortality in one of the worst districts of the metropolis.

"In the Notting Hill division of Kensington Parish, there is a place called the 'Potteries,' which is wholly destitute of the sanitary provisions secured to the improved dwellings. Until recently it had no drainage, and even now there is little that is effectual. It has no supply of water, no means for the removal of filth, and the houses are dirty, damp, and miserable beyond description or belief.

"According to the census of 1851, the population of the Potteries was 1,263; and the number of children at that time living, under ten years of age, was 384. As the population of this place is not migratory, but quite stationary, it may be assumed to be pretty much the same in 1853 as it was in 1851. At all events, it may be considered as sufficiently so, to afford the means of comparing its mortality for that year with the mortality of the Metropolitan Buildings.

"From the returns of the Registrar-General, it appears that, during the year ending the 31st of March, 1853, the total deaths in the Potteries, from all causes, amounted to 51. In the Metropolitan Buildings the deaths were 10; so that, with a smaller population (80 less), the deaths were 41 in excess. In the Potteries, the deaths from all causes, under ten years of age, were 42; in the Metropolitan Buildings there were 5, being an excess of infant mortality, in the Potteries, of 37. In the Potteries, the proportion of deaths per cent. to the population was 4.03, or 40 in the 1,000; in the Metropolitan Buildings it was .74, or 7 in the 1,000, being an excess in the Potteries of 33 in the 1,000. In the Potteries, the proportion of deaths per cent., under ten years of age, to the population under ten years of age, was 10.9, or 109 in the 1,000; in the Metropolitan Buildings it was 1.0, or 10 in the 1,000, being an excess in the Potteries, of 99 in the 1,000. In the Potteries, the proportion per cent. of deaths from zymotic diseases, under ten years of age, to the population, was 5.2, or 52 in the 1,000; in the Metropolitan Buildings it was .82, or 8 in the 1,000, being an excess in the Potteries, of 44 in the 1,000."

"If the deaths in the whole of the metropolis had been at the same rate as in the Potteries, there would have died in London, in that year, 94,950 persons, whereas the actual deaths were 54,213; that is, there would have been a loss of upwards of 40,000 lives; and if the whole of the metropolis had been as healthy as the Metropolitan Buildings, Old Pancras Road, on an average of the three years, there would have been an annual saving of about 23,000 lives."

The most conclusive evidence, however, of the efficacy of sanitary provisions to prevent the recurrence of epidemic diseases, and greatly to reduce the rate of mortality, may be found in the following narrative:—

"Three years ago, Lambeth Square was as unhealthy as the Potteries. The population remained the same; the occupations, mode of life, and habits of the people remained the same; no change of any kind took place, excepting the introduction of certain sanitary improvements. No history is more instructive.

"Lambeth Square is situated in the Waterloo Road district of the parish of Lambeth. It consists of 37 eight-roomed houses, which let at about £28 a-year, and are chiefly occupied by the foremen of large establishments, and the more skilled and highly paid class of artisans. In outward appearance, and in their general aspect within, these houses are very superior to the ordinary abodes of the same class in other parts of the metropolis, and present no obvious cause of peculiar unhealthiness.

"According to the last census, this square contains a population of 434 souls. Among this number, on a house-to-house examination, it was found that in one year (1851), there had occurred 80 attacks of zymotic and other diseases, and 24 deaths; that is, nearly one person in every five had been laid up with sickness, which had proved fatal in the proportion of between 50 and 60 in 1,000.

"When built, about twenty years ago, these houses had been fitted up with untrapped closets, communicating with flat-bottomed brick drains, then in universal use. A number of the drains passed directly under the houses; they were wholly unprovided with any regular water supply for cleansing; consequently, instead of carrying away the ordure, they retained it within the houses; and the emanations arising from the stagnant mass of putrefying matter were carried back into the houses, through the open closets, in a proportion increasing with the obstruction in the drains.

"At the beginning of 1852, a new system of drainage was applied to the whole square. Water-closets were substituted for cesspools, and stoneware

pipes for brick drains, and the apparatus was provided with an adequate supply of water.

"By these improvements, the houses were placed in the same sanitary condition essentially as the Society's dwellings. The result on the health of the inhabitants was strikingly similar. On a re-examination of this property in November of the present year (1853), it was found that the mortality had been reduced from 55 in 1,000 to 13 in 1,000."

3. *Morals.*—The favorable influence on the *morals* of the occupants of these improved dwellings has been very marked. Dr Smith says:—

"Moral pestilence has, at the same time, been checked. The intemperate have become sober, and the disorderly well conducted, since taking up their abode in these healthful and peaceful dwellings. No charge of crime, no complaint even of disturbance, has been lodged at any police station against a resident in these dwellings since their first occupancy."

We have drawn largely from this little pamphlet, and yet we are not satisfied, for the subject of which it treats is of vast importance, and it is pregnant with facts of the most practical and useful character. We shall make further quotations from it hereafter.

EDITORIAL.

THE AMERICAN MEDICAL ASSOCIATION.

On Tuesday, the 1st day of this month, this body commences its eighth annual session in the city of Philadelphia. Provision has been made for a very large representation of the profession from every part of the Union, and there is reason to hope that the influence of the meeting will be felt for good, throughout our wide-extended land. That this body, though so recently organized, has already accomplished *much* good, is too evident to need a record of the proof. That it has not yet accomplished *all* that is desirable, is a matter of course. The same can be said of every human institution, and is even charged against the divine institution—the Christian religion. But we do not intend to discuss this matter here, as such discussion is rendered unnecessary by the able article on the subject which appears on preceding pages of this number.

We anticipate a harmonious meeting, though there are always hanging around such assemblies a set of individuals of questionable standing, who seek notoriety by bullying men of note, and thrusting themselves forward on every possible occasion. Such attempts, to which all public bodies are more or less exposed, we hope will be treated with the dignified silence and contempt they deserve. There is too much important business to come before the Association to waste time on *parasites*.

The profession of Philadelphia have made ample arrangements for the entertainment of the delegates, and for exhibiting to them the natural and artificial beauties of the city and vicinity. In accordance with a resolution adopted at the meeting at St. Louis, there will be no *public* entertainment, as has, unfortunately, been customary for the past few years. In lieu of this the delegates will be entertained at the houses of resident physicians and citizens—a much better plan in many respects. Arrangements have been made with several of the lines of railroad to convey members at half the usual fare. We are very sorry not to see the

railroads that pass through our State, on the list of those who have agreed to this arrangement.

Who will be the next President of the Association? Will the precedent of selecting him from the city or vicinity in which the meeting is held, be followed? If so, there will be no difficulty in making a choice. If otherwise, we trust one will be chosen who has been prominent in advancing the interests of the Association. "Honor to whom honor is due."

We expect to be present at all the sessions of the Association, and have made arrangements with the Secretary, by which we will secure a *full and authentic* report of the proceedings, which will appear in our June number. The REPORTER has for several years published full minutes of the proceedings of the Association. It had its commencement the same year in which the Association was organized, has ever been one of its firm supporters, is publishing a full and authentic history of the Association from its commencement to the present time, accompanied by portraits of the Presidents; and it is largely supported by the literary and pecuniary contributions of prominent members of that body. In its future course it will still be identified with the interests of this and of our other medical organizations, and in return asks for a hearty support from the well-wishers of our profession.

THE OHIO MEDICAL SOCIETY AND PATENTS.

It has never been our good fortune till recently to know "by the card," of the existence of the Ohio Medical Society. Our friends in that State do not seem to have found out that the NEW JERSEY MEDICAL REPORTER occupies a large amount of room in notices of the principal medical organizations of the country. We had the privilege, however, a few days since, of glancing at the transactions of the past year, which seems, in most respects, to be a very creditable production. One thing, however, served to mar its beauty in our estimation, exceedingly. Our eye fell on a resolution to the following effect—we quote from memory:

"*Resolved*, That it is *not* derogatory to the profession to hold patents for surgical or dental instruments."

If we remember rightly, a resolution of the above import passed *unanimously*. Can it be that there was not *one* of the profession of the great State of Ohio who could raise his voice

against the adoption of a resolution so glaringly inconsistent with the code of ethics of our National medical organization, which declares that it IS "*derogatory to professional character for a physician to hold a patent for any* SURGICAL INSTRUMENT *or medicine*," &c.? The system of ratiocination that would declare it not derogatory to professional dignity to hold patents for *surgical* and *dental* instruments would open upon us the floodgates of quackery. For, what is an "instrument" but the means of accomplishing a given end, whether it be made of steel, or aloes, gamboge and calomel, of silver, or *nitrate* of silver; whether it be a pair of forceps, or a box of pills? It seems to us the members of the Ohio Medical Society must have been drowsy or asleep when a resolution was carried unanimously so palpably in conflict not only with the code of ethics of the American Medical Association, but of nearly every medical organization in the land, and with professional sentiment everywhere. The thoughtlessness of adopting a resolution which conflicts so with our national code of ethics, is more manifest in view of the fact that the Society at the same sitting, appointed a full delegation to the Association which meets in Philadelphia this month.

The question arises, What will the Association do in the premises? Will the delegates from this Society be received, or will they be rejected, until this conflicting and really unprofessional resolution is expunged?

We are compelled to believe that this action was an oversight on the part of the Society, and that it will take the first opportunity to recede from so inconsistent a position. We have no doubt that if the Transactions were before us, we would find much in them to commend, but this particular resolution we *cannot* commend.

QUACKERY CANONIZED!

It is a favorite trick of pretenders to the healing art to inveigle physicians and clergymen into a real or apparent support of their pretensions. Hence, considerable pains are taken to enlist their good-will, or bring them under a sort of obligation, and thus secure their influence, just as concert singers, showmen, &c., send free tickets to the families of clergymen and others. The columns of our religious newspapers are too often soiled with the adver-

tisements of quacks, and some of them have even lent their editorial department to the advocacy of the claims of certain medicines or advertising doctors. We could instance in support of our assertion what we have seen in religious newspapers taken in our own family, and we have no doubt but most of our readers can corroborate our statement from their own observations.

But pretenders are not even thus easily satisfied, but, like the ass in the fable, clothe themselves with the lion's skin, when they are only known by their braying. Thus, we have the *Rev.* Mr. Bartholomew's lung syrup, *Bishop* Berkley's tar-water, &c. &c.

Neither is *this* the *ne plus ultra* of this species of wickedness. The following case recently came under our observation, and we intended to have exposed it in our last number, but had not space. An individual in Brooklyn calling himself "*Rev.* John M. Dagnall," like a very Saul among the prophets, is possessed with the spirit of prophecy. Unlike his good Master, however, the burden of his prophecy is not "*Repent: for the kingdom of heaven is at hand,*"—*but*—"*Take my pills, and pay for them—forty for only one dollar—and live!*" This man having been benefited, as we have no doubt (and as the merest tyro in medicine could have told him he would be likely to be, if the medicine was applicable to his case), in an attack of nervous debility by the use of the extract of *Ignatia Amara*, whose active principle is strychnia, seizes upon the occasion to enrich himself under the garb of benevolence, by pampering to the credulity of the public. Knowing that many do suffer from nervous debility, he very ingeniously promises, by means of advertisements, a remedy for their sufferings—all for humanity's sake! True, he offers to send the receipt, but well knows that, in most cases, the credulous will only be satisfied with his own preparation of the medicine. The bait took, and the correspondence (and the *dollars* too probably) increasing "in a ratio for which he was wholly unprepared," he was obliged to secure the assistance of a "retired" *medical* (!) friend, and appoint a certain house in Brooklyn his "sole agents!"

We wonder if it never occurred to the "*Rev.* Dagnall" that he might possibly have discharged his "sacred duty" to a greater number of sufferers, by saving the money his advertisements cost him, and reaching the medical profession through their medical

periodicals and associations? But, with all deference and charity, we must say that was no part of his object, but his "sacred duty" was, to make money by practising on the credulity of his fellow men. To leave no channel closed through which a few dollars might possibly flow, his circular closes with the *Nota Bene*, that it is always a source of pleasure to him "to receive communications detailing results of a beneficial character, emanating from the use of the Ignatia."

We hope that no harm will result to any of the "Rev." gentleman's patients by so indiscriminate a use of one of the most powerful remedies in the arcana of nature.

STIMULANT TONICS.

There is no issue between ourselves and our friend, Dr. J. Henry Clark (see article on a preceding page), on the utility of alcoholic stimulants in the practice of medicine, any more than in the use of many other poisons to be found on the shelf of the apothecary.

But, we are sorry to say that there seems to be a difference of opinion in regard to the exemption of *every* species of intoxicating and fermenting liquor from public sale. If we understand Dr. Clark, he would exempt *lager-beer* because it is a good tonic. We say, if you "exempt" one, you exempt all—put *all* on a par with every other species of poison. Lager-beer is no more essential to the well-being of our German than of our American population. If that is exempted for them, wine must be for the French and Swiss, beer for the Englishman, &c. &c. In some portions of Hungary it is said that there are certain people termed *Arsenic-eaters*, who are in the habitual use of that dreadful poison which serves the purpose of putting them "in good condition," as it is termed. Would our friend have arsenic sold promiscuously that men might put themselves in "good condition" by its use?

☞ In this number of the REPORTER we give another of our series of steel engraved portraits of medical men who have distinguished themselves in the history of our National Medical Association. Dr. Davis's portrait ought, by rights to have been the *first* of the series; but, in a matter of this kind, the initiated know that some management is necessary. The portraits of Drs. Wellford and Pope are engraved, and will follow soon.

We have it in contemplation soon to introduce portraits of some of the distinguished French savans. Whether we do or not, will depend on our subscribers.

☞ We have received a number of flattering notices of our April number. For these we are duly grateful, and shall continue to try and deserve the good opinion of the profession. We are under very great obligations for the favors of numerous able correspondents, and have good ground to promise our readers a continuation of them.

☞ We have articles on hand from "Members of the American Medical Association"—Dr. J. Henry Clark, Dr. A. Hunton, and Dr. D. W. Maull.

MISCELLANY.

Dr. E. BROWN SEQUARD has resigned the chair of Institutes of Medicine, &c. in the Medical College of Va., at Richmond.

We perceive that a plant known by the name of "bitter bush," a product of the Island of Jamaica, is highly recommended as a remedy for cholera, when used at an early stage of the disease. It is represented as being regarded almost in the light of a specific by the inhabitants of Jamaica. May not its properties depend on the bitter principle, and may not that in its action be analogous to quinia?

A CORRESPONDENT of an exchange paper, speaking of the commencement in a certain medical college in which theses were read in public, charges that they contained a little too much of the *titillabo te titillame*, a sad comment on the depreciated value of the medical diploma.

☞ We have been compelled to leave out a great deal of matter prepared for this number.

NECROLOGICAL RECORD.

DIED.—In Hightstown, New Jersy, on Tuesday, March 27th, C. C. Blanvelt, M. D.

☞ Will correspondents give us notice of the decease of physicians in their vicinities?

MAR. 10, 1866.